

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/574554

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1				
4		1		1		
5		4		1		
6		4				
7		4		1		
8		4				
9		4		1		
10		4				
11		4		1		
12		4				
13		4		1		
14		4				
15		4		1		
16		3		1		
17		3				
18		3				
19		3				
20		3				
21		3		1		
22		0		1		
23		0		1		
24		0		1		
25		0		1		
26		0		1		
27		0				
28		0		1		
29		0		1		
30		0		1		
31		0		1		
32		0				
33		0				
34		1				
35		1				
36		1				
37				1		
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL	1	2	1			
TOTAL DEP.	78		20			
TOTAL CLAIMS	79		21			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
IND.						
TOTAL DEP.						
TOTAL CLAIMS						